



Formerly Family Violence Prevention Fund

The Facts on Health Care and Domestic Violence

Domestic violence is a health care problem of epidemic proportions. In addition to the immediate trauma caused by abuse, domestic violence contributes to a number of chronic health problems, including depression, alcohol and substance abuse, sexually transmitted diseases such as HIV/AIDS, and often limits the ability of women to manage other chronic illnesses such as diabetes and hypertension.ⁱ Despite these facts, a critical gap remains in the delivery of health care to battered women, with many providers discharging a woman with only the presenting injuries being treated, leaving the underlying cause of those injuries not addressed.

Prevalence:

- Domestic violence is virtually impossible to measure with absolute precision due to numerous complications, including the social stigma that inhibits victims from disclosing their abuse and the varying definitions of abuse used from study to study. Estimates range from 691,710 incidents of violence against a current or former spouse, boyfriend, or girlfriend per yearⁱⁱ to three million women who are physically abused by their husband or boyfriend per year.ⁱⁱⁱ
- In 2001, about 85 percent of victimizations by intimate partners were against women (588,490) and 15 percent of victimizations were against men (103,220).^{iv}
- Nearly one-third of American women (31 percent) report being physically or sexually abused by a husband or boyfriend at some point in their lives.^v
- Thirty percent of Americans say they know a woman who has been physically abused by her husband or boyfriend in the past year.^{vi}
- The costs of intimate partner violence exceed \$5.8 billion each year, \$4.1 billion of which is for direct medical and mental health care services.^{vii}
- A 1994 study conducted at a large health plan in Minneapolis and St. Paul, Minnesota found that an annual difference of \$1775 more was spent on abused women who utilized hospital services than on a random sample of general enrollees. The study concluded that early identification and treatment of victims and potential victims will most likely benefit health care systems in the long run.^{viii}
- Emerging research indicates that hospital-based domestic violence interventions will reduce health care costs by at least 20 percent.^{ix}

Health Consequences of Domestic Violence:

- In 1994, thirty-seven percent of all women who sought care in hospital emergency rooms for violence-related injuries were injured by a current or former spouse, boyfriend or girlfriend.^x

- In 2000, 1,247 women, more than three a day, were killed by their intimate partners.^{xi}
- In addition to injuries sustained during violent episodes, physical and psychological abuse are linked to a number of adverse physical health effects including arthritis, chronic neck or back pain, migraine and other frequent headaches, stammering, problems seeing, sexually transmitted infections, chronic pelvic pain, and stomach ulcers.^{xii}

Pregnancy and Domestic Violence:

- Homicide is a leading cause of traumatic death for pregnant and postpartum women in the United States, accounting for 31 percent of maternal injury deaths.^{xiii} Evidence exists that a significant proportion of all female homicide victims are killed by their intimate partners.^{xiv}
- Each year, about 324,000 pregnant women in this country are battered by their intimate partners.^{xv} That makes abuse is more common for pregnant women than gestational diabetes or preeclampsia -- conditions for which pregnant women are routinely screened. However, few physicians screen pregnant patients for abuse.^{xvi}
- Complications of pregnancy, including low weight gain, anemia, infections, and first and second trimester bleeding are significantly higher for abused women,^{xvii xviii} as are maternal rates of depression, suicide attempts, tobacco, alcohol, and illicit drug use.^{xix}

Children's Health and Domestic Violence:

- Children who witness domestic violence are more likely to exhibit behavioral and physical health problems including depression, anxiety, and violence towards peers.^{xx} They are also more likely to attempt suicide, abuse drugs and alcohol, run away from home, engage in teenage prostitution, and commit sexual assault crimes.^{xxi}
- A recent study of low-income pre-school children in Michigan found that nearly half (46.7 percent) of the children in the study had been exposed to at least one incident of mild or severe violence in the family. Children who had been exposed to violence suffered symptoms of post-traumatic stress disorder, such as bed-wetting or nightmares, and were at greater risk than their peers of having allergies, asthma, gastrointestinal problems, headaches and flu.^{xxii}
- Fifty percent of men who frequently assault their wives frequently assault their children,^{xxiii} and the U.S. Advisory Board on Child Abuse and Neglect suggests that domestic violence may be the single major precursor to child abuse and neglect fatalities in this country.^{xxiv}

Identification of Domestic Violence:

- A recent study found that 44 percent of victims of domestic violence talked to someone about the abuse; 37 percent of those women talked to their health care provider.^{xxv} Additionally, in four different studies of survivors of abuse, 70 percent to 81 percent of the patients studied reported that they would like their healthcare providers to ask them privately about intimate partner violence.^{xxvi,xxvii, xxviii, xxix}

- A 1999 study published in *The Journal of the American Medical Association* found that only ten percent of primary care physicians routinely screen for intimate partner abuse during new patient visits and nine percent routinely screen during periodic checkups.^{xxx}
- Recent clinical studies have proven the effectiveness of a two minute screening for early detection of abuse of pregnant women.^{xxxii} Additional longitudinal studies have tested a ten minute intervention that was proven highly effective in increasing the safety of pregnant abused women.^{xxxiii}

ⁱ Coker, A., Smith, P., Bethea, L., King, M., McKeown, R. 2000. "Physical Health Consequences of Physical and Psychological Intimate Partner Violence." *Archives of Family Medicine*. 9.

ⁱⁱ Rennison, Callie Marie and Sarah Welchans. 2003. *Intimate Partner Violence 1993-2001*. U.S. Department of Justice Bureau of Justice Statistics. Washington, DC. Retrieved January 9, 2004. <http://www.ojp.usdoj.gov/bjs/abstract/ipv01.htm>.

ⁱⁱⁱ *Health Concerns Across a Woman's Lifespan: 1998 Survey of Women's Health*. 1999. The Commonwealth Fund. New York, NY.

^{iv} Rennison, Callie Marie and Sarah Welchans. 2003. *Intimate Partner Violence 1993-2001*. U.S. Department of Justice Bureau of Justice Statistics. Washington, DC. Retrieved January 9, 2004. <http://www.ojp.usdoj.gov/bjs/abstract/ipv01.htm>.

^v *Health Concerns Across a Woman's Lifespan: 1998 Survey of Women's Health*. 1999. The Commonwealth Fund. New York, NY.

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^{vii} *Costs of Intimate Partner Violence Against Women in the United States*. 2003. Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. Atlanta, GA. Retrieved January 9, 2004. http://www.cdc.gov/ncipc/pub-res/ipv_cost/IPVBook-Final-Feb18.pdf

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